

## What You Should Know

This insurance is granted under the Servicemembers' Group Life Insurance provisions of Title 38, United States Code, and is subject to the provisions of that title and its amendments, and regulations promulgated thereto.

This form must be correctly completed, signed and received by your Uniformed Service before your death in order for this designation to be valid. An authorized agent of the Uniformed Services should witness your signature.

**Periods of Coverage.** This insurance is in effect throughout the period of full-time active duty or active duty for training. Coverage is also in effect on a full-time basis for reservists who are assigned to a unit or position in which they may be required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under Chapter 67 of Title 10. Coverage continues for 120 days following separation or release.

## Instructions On Completing This Form

1. Type or print in ink all items except where otherwise noted.
2. **Naming Beneficiaries**
  - A. A new SGLV-8286 must be completed to change your beneficiary. You may name anyone as beneficiary without him/her knowing or consenting to it.
  - B. If the beneficiary is a married woman, use her own first and middle names. For example, use Mary Lisa Smith, instead of Mrs. John Smith.
  - C. A named beneficiary will **NOT** be changed automatically by any event occurring after you complete this form (e.g. marriage, divorce, etc.). Your beneficiary cannot be changed by, and is not affected by, any other documents, such as a divorce decree or will.
  - D. If you want to name more than two principal beneficiaries, list them all on a separate sheet and write "See attached list" under the *Principal* block. The separate sheet must contain your signature, social security number, and the date, and must be attached to this form.
  - E. If you name minor children as beneficiaries, the insurance will be paid to the court-appointed guardian of the children's estate.
  - F. You can establish a trust for the benefit of the children and name the trust as the beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. Naming a trust as a beneficiary on this form does **NOT** create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.
3. **Social Security Number** – Do not delay completing this form if you do not have a beneficiary's social security number. The social security number helps us to locate the beneficiary, but is not necessary.
4. **Shares to each beneficiary** – If you name more than one beneficiary, the sum of the shares must equal 100%, or the full dollar amount of your insurance.

Example:	mother	\$100,000	50%	1/2
	father	\$100,000	or 50%	or 1/2
	Total	\$200,000	100%	1
5. **Payment Option** – You may choose for the beneficiary to receive payment in one lump sum or in 36 equal monthly payments by writing "lump" or "36" in the column labeled *Payment Option*. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment. If you want the beneficiary to have a choice at the time of payment, write "lump" or leave the block blank.
6. **Provisions For Payment of Insurance**
  - A. If you name more than one principal beneficiary and one or more predeceases you, the share(s) will be divided equally among the remaining principal beneficiaries, unless otherwise stated. If there are no surviving principal beneficiaries, the proceeds will be divided among the contingent beneficiaries.
  - B. If you do not name a beneficiary, or if there are no surviving beneficiaries, or if you indicate that payment should be made *by law*, the proceeds will be paid in the following order:
    1. Widow or widower
    2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)
    3. Parent(s) in equal shares or all to surviving parent
    4. A duly appointed executor or administrator of your estate
    5. Other next of kin

## What Your Beneficiaries Should Know

Upon your death, your beneficiary(ies) should send a claim to the Office of Servicemembers' Group Life Insurance, 213 Washington Street, Newark, NJ 07102-2999. Your beneficiary may also call 1-800-419-1473 for claim information.